

Mail to: VFA Grant Manager - CF/8  
 Wisconsin Department of Natural Resources  
 P.O. Box 7921  
 Madison, WI 53707-7921

## Volunteer Fire Assistance Grant Program Reimbursement Request

Form 4300-121 (R 11/00)

NOTICE: This form is required under the Cooperative Forestry Assistance Act as amended by the Forest Stewardship Act of 1990. Failure to provide this information may result in denial of benefits. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

Fire Organization Name		Check will be mailed to the owner of the Tax Identification Number (TIN) listed on the W-9 form submitted to the DNR with the executed grant contract.	
Grant Number	Expenditures	Adjustments	Grant Eligible Expenditures
1. Category			
a. Personal Protective Equipment			
b. Organization			
c. Communication Equipment			
d. Prevention Projects			
e. Dry Hydrants			
f. Equipment			
g. Training			
2. Total Grant Expenditures			
X Grant Share			x .50
3. TOTAL GRANT FUNDING			

LEAVE BLANK-DNR USE ONLY	
Date Recorded	_____
CF Initials	_____
FN Initials	_____
Date of Voucher	_____

Certification - I certify, to the best of my knowledge and belief, that the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the VFA grant contract and that the reimbursement represents the grant share due that has not been previously requested. I also certify that the items purchased have been received and all bills have been paid.

Signature of Authorized Representative		Date Signed
Printed or Typed Name of Authorized Representative		Title
Office Telephone Number	Home Telephone Number	